CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6919

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	мі	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CIT	ITY; STATE; ZIP CODE	
MAILING ADDRESS Change of Address	P.C.Box 10894 Aus	stin, TX 78766	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 989-8515	EXTENSION	Receipt # ^{C7} Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS Michelle NICKNAME LAST	MI L . SUFFIX	Date Imaged
	DeFrance.		·
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE	1	ZIP CODE 78753
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 997-9654	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
			Year
10 PERIOD COVERED	Month Day Year THROU		
11 ELECTION	BLECTION DATE Month Day Year 3 Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOW) Travis Could ty	constile, Preduct Z
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.		
EXPENDITURE BY OTHER INDIVIDUALS	Name		·
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zi	ip Code	
	GO ТО Р	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers
17 NOTICE FROM POLITICAL	candidate / officehol	otice of political contributions accepted or political expenditures made between the candidate of the candid	r officeholder's knowledge or consent.
COMMITTEE(S)	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	,	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 847.85
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO	* \$ 80¢ ¢ø
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ -
19 AFFIDAVIT	SHARON MCKINNEY IY COMMISSION EXPIRES November 7, 2010	is true and correct and includes all in me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by ideas or Officeholder
AFFIX NOTARY STAMP		the said PAULA. Labuda	_, this the day
or Tuly, 2 Signature of officer ad	Chuie	tify which, witness my hand and seal of office. Sharos MKinner Printed name of officer administering oath	Adm Assi. II

exas Ethics C	ommission P.O. Box 12070 Austin, Texas 78711-	-2070 (512) 463-	5800 1-800-325-8506
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS		SCHEDULE A
The Instructi	on Guide explains how to complete this form.	1 Total pages Sche	edule A:
FILER NAM	Paul A. Labuda	3 ACCOUNT # (Eth	ics Commission filers)
1 Date	Francis L. Labuda II	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/30/2008	6 Contributor address; City; State; Zip Code	5φφ φ¢	
	98-500 Kouska Loop 8-8 Aies, HI 9670	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions) 10 Employer Cy technician	(See Instructions) (My	
Date	Full name of contributor 🔲 out-of-state PAC (ID#) Amount of contribution (\$)	In-kind contribution description (if applicable)
3\$/2\$\$8	Contributor address; City; State; Zip Code	250.00	
	9914 Chukor Bnd. Austry, TX 78758-5		f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Employer Round L	(See Instructions) 心(レルリ)	
Date	Full name of contributor) Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
		(if travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		In-kind contribution description (if applicable)

			(if travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Arnount of contribution (\$)	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

· · · · · ·	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruc	tion Guide explains how to complete this form.	1 Total pages Sche	dule G:
2 FILER NAM	E	3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Payee name CAAAD ASIDN American Progress PAC 6 Payee address; City; State; Zip Code		8 Amount $(\$)$ $25\%.0\%$
3/21/2008	P.O. Box 456\$ Austin, TX 78765-43	56¢	L 24 .ΨΨ
	7 Purpose of expenditure (See instructions regarding type of information requestion of the second o	uired.)	Reimbursement from political contributions intended
Date	Payee name Light Consulting Payee address; City; State; Zip Code		Amount (\$) 578.39
	4032 S. Lamor Ste 200 Box 146 Austin, TX		
	Purpose of expenditure (See instructions regarding type of information requ (If travel outside of Texas, complete Schedule T)	ured.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information requ	uired.)	Reimbursement from political
	(if travel outside of Texas, complete Schedule T)		contributions intended
Date	Payee name		Amount
	Payee address; City; State; Zip Code		(\$)
	Purpose of expenditure (See instructions regarding type of information req (If travel outside of Texas, complete Schedule T)	uired.)	Reimbursement from political contributions intended
Date	Payee name		Amount
Dale	Payee address; City; State; Zip Code		(\$)
	Purpose of expenditure (See instructions regarding type of information requ (If travel outside of Texas, complete Schedule T)	uired.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED	